Palisades Charter High School

Expense Report/ Reimbursement Form

2018 Calendar Year

Name: Pamela Magee Date: 10/16/2018 P.O. #

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
10/12/2018	Dr. Magee	LA Advocaty Council Mt. 3200 W. Adams Blvd., Los Angeles (round trip from PCHS) miles:						31.60	0.545	17.22
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	-	31.60	6.54	17.22

Grand Total	**$**	**17.22**
Charged Amount	**$**	**-**
Net Due Employee	**$**	**17.22**

Employee Signature:_____

Approved By:_____ **Date:**_____

Department/Program Name & #:_____

***-Provide full description on amounts in this column to allow for proper identification**

Please submit original receipts for reimbursement. Reimbursement forms must be submitted within 30 days of purchase.

Rev. 01/18